

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 6416
1741

| | | | | | | | |
|---|--|---|--|--|--|---|--|
| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton | | 4457 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital | | | | d. STREET ADDRESS (If rural, give location) 314 S. Hanley Rd. | | | |
| 3. NAME OF DECEASED (Type or Print) Harry | | a. (First) William | | c. (Last) Kuhn | | 4. DATE OF DEATH (Month) (Day) (Year) February 20, 1950 | |
| 5. SEX 0 Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH July 20, 1924 | |
| 9. AGE (In years last birthday) 25 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman | | 11. BIRTHPLACE (State or foreign country) Saint Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |
| 13a. FATHER'S NAME Herman Kuhn | | 13b. MOTHER'S MAIDEN NAME Clara Kuhn | | 14. NAME OF HUSBAND OR WIFE Audrey Gaines Kuhn | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | | 16. SOCIAL SECURITY NO. World War II 488-20-9070 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Harry W. Kuhn, 314 S. Hanley Rd. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cellulitis of abdominal wall</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 15 min. 22 days | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP). (COUNTY) | | 21d. (STATE) 6421 | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from 29 Jan, 1950, to 2-20-50, 19, that I last saw the deceased alive on 2-20-50, 19, and that death occurred at 11:45am., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Truman G. Drake</u> | | (Degree or title) M.D. | | 23b. ADDRESS 114 N. Taylor | | 23c. DATE SIGNED 2-20-50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 2-23-50 | | 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery | | 24d. LOCATION (City, town, or county) (State) Saint Louis County, Missouri | |
| DATE REC'D BY LOCAL FEB 23 1950 | | REGISTRAR'S SIGNATURE <u>J. B. Laster</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary 6633 Clayton Rd. | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____ Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed

Ernest W. Spillars
4080

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.